IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

LUCILLE HALL,	)	
	)	
Plaintiff,	)	
	)	
v.	)	**CIVIL ACTION NO. 2:06 CV 946-MHT (WO)**
	)	
GENPAK, L.L.C.,	)	
	)	
Defendant.	)	

DEFENDANT GENPAK'S MOTION TO COMPEL

Comes now Defendant Genpak, LLC. ("Genpak" or "Defendant"), pursuant to Fed. R. Civ. P. 37 and moves this Court to compel Plaintiff Lucille Hall ("Hall" or "Plaintiff") to execute HIPAA Compliant Medical Release.

1. At the scheduling conference held on August 28, 2007, counsel for Defendant requested that Plaintiff sign a HIPAA Medical Release, attached hereto as Exhibit A. Plaintiff refused.

2. The HIPAA release is essential to Genpak's ability to acquire information both relevant and discoverable to this action. In particular, a HIPAA release is required for Defendant to acquire information regarding Plaintiff's medical and counseling treatment and her participation in certain programs. By asserting claims for damages based, in part, on alleged pain and suffering, emotional trauma, "having to find medical funding through the Gift of Life program," and for enrolling in the COPE program, Plaintiff has necessarily put her mental and physical health, as well as her participation in these programs, at issue in this case.

WHEREFORE, PREMISES CONSIDERED, Genpak requests that the Court order Plaintiff to sign and complete the above-identified HIPAA Release within ten (10) days from the date of its order on this Motion.

Respectfully submitted,

/s/ Robin A. Adams
David M. Smith
Robin A. Adams
Attorneys for Defendant Genpak, L.L.C.

OF COUNSEL:

MAYNARD, COOPER & GALE, P.C.
2400 Regions/Harbert Plaza
1901 Sixth Avenue North
Birmingham, Alabama 35203
(205) 254-1000

CERTIFICATE OF SERVICE

I hereby certify that on the 5th day of September, 2007, a copy of the foregoing was served via certified first-class mail, postage prepaid, to:

Ms. Lucille Hall
6124 Fuller Rd
Montgomery Al 36110

/s/ Robin A. Adams
OF COUNSEL

HIPAA COMPLIANT AUTHORIZATION AND RELEASE FOR MEDICAL INFORMATION PURSUANT TO 45 CFR 164.508

To: _____

_____

_____

_____

I hereby authorize the above-named provider, hospital, health plan, institution, firm or corporation (the "Covered Entity") to disclose, upon presentation of this authorization and release, to the law firm of Maynard, Cooper & Gale, P.C., its attorneys, employees, agents and designees and any of their agents or designees, any and all health information concerning **Lucille Hall**, including by way of example, but not limited to the following:

> all medical records, investigative files and documents including but not limited to any and all medical records, physicians' records, surgeons' records, x-rays, CAT scans, MRI films, photographs and any other radiological, nuclear medicine or radiation therapy films, pathology materials, slides, tissues, laboratory reports, discharge summaries, progress notes, consultations, prescriptions, pharmacy records, records of drug abuse and alcohol abuse, HIV/AIDS diagnosis or treatment, physicals and histories, nurses' notes, patient intake forms, correspondence, psychiatric records, psychological records, social worker's records, insurance records, consent for treatment, statements of account, bills, invoices or any other papers concerning any treatment, examination, periods or stays of hospitalization, confinement, diagnosis or other information pertaining to and concerning the physical or mental condition of Lucille Hall (dob 02/13/1967, SSN 417-15-5899).

I understand that I may revoke this authorization and release at any time by giving written notice of revocation to the Covered Entity described above, except to the extent that action has already been taken in reliance upon this authorization and release before receipt of the written notice of revocation.

I understand that the information disclosed under this authorization and release may be subject to redisclosure by the person(s) specified above and may no longer be protected.

I understand that these insurance records are confidential. I understand that by signing this authorization and release I am specifically allowing the release of any insurance and medical information requested to the person(s) specified above, including any HIV/AIDS and sickle cell anemia diagnosis and treatment records that may be specifically protected by the Department of Veteran Affairs and/or state law or regulations. Drug and alcohol abuse information records are specifically protected by federal and/or state regulations, and by signing this authorization and release I understand that I am also expressly allowing the release of any drug and/or alcohol information records to the person(s) specified above. I also understand that by signing this authorization and release I am specifically authorizing the release of pharmacy and prescription information and records that may be protected by state law or regulations to the person(s) specified above. I also understand that by signing this authorization and release I am specifically authorizing the release of psychiatric records and psychological records, including the records of mental health counselors, that may be protected by state law or regulations to the person(s) specified above.

I also understand that I have the right to refuse to sign this authorization and release. I understand that the Covered Entity may not condition treatment, payment, enrollment in a health plan or eligibility for benefits

upon my execution of this authorization and release.

This authorization and release is continuing in nature and is to be given full force and effect to release any and all of the information described above after the date of this authorization and release until the conclusion of the case cited above. This authorization and release also includes the authority to copy any and all such information and to discuss the information with the above designated person(s). A copy of this authorization and release may be used in place of and with the same force and effect as the original.

_____ _____

Signature Date

Address: 6124 Fuller Road
Montgomery, AL 36110

Date of Birth: 02/13/1967

Social Security Number: 417-15-5899

YOU ARE ENTITLED TO A COPY OF THIS AUTHORIZATION AFTER YOU SIGN IT.